



Form # nnnn
Rev. 07/03

South Florida Water Management District
Report of Planting and Harvest of Seasonal Crops
This report must be completed and submitted to the
District at the address below as required by your permit

Permit Number _____

Issued to _____

Address _____

City, State, Zip _____

Phone / Fax Numbers _____

E-mail address _____

Please specify the total acres of each crop type being irrigated by month

	Month: _____	Month: _____	Month: _____
Tomatoes, peppers, potatoes			
Corn			
Peas, beans			
Melons			
Other _____			
Other _____			

Name of Person Completing Form: _____

Signature: _____ Date: _____

*This form is to be completed after crop harvest and submitted to the District with your
Quarterly Report of Withdrawals From Wells and Surface Water Pumps*

Return To:
South Florida Water Management District
Attn: Water Use Regulation Division (4320)
PO Box 24680
West Palm Beach, FL 33416 - 4680